I know that the entire City of Twentynine Palms is proud of their fine work. It is only fitting that the House of Representatives pay tribute to them today.

TRIBUTE TO LOU STOKES

HON. THOMAS C. SAWYER

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Mr. SAWYER. Mr. Speaker, I am here today to share the feelings of LOU STOKES' staff as they celebrate his legacy.

Much has been said on this floor about LOU's great accomplishments in this body, but I can think of no greater tribute than that the members of his staff—who have worked late into the night and early into the morning alongside their boss—would want to pay tribute to him in the record.

Lou has put in countless hours both in Cleveland and in Washington over the past 30 years, and his staff has been there with him, working to address the issues most important to him and to his constituents. His staff members have worked in Washington for legal aid, for improvement of public housing, for increased opportunities for the poor. They have worked in the district to address the needs of his constituents. They have all made it their goal to fight alongside LOU for the residents of his congressional district and for all Americans.

So, Mr. Speaker, it is an honor and a privilege today to place a tribute to the Honorable LOU STOKES into the CONGRESSIONAL RECORD on behalf of his loyal and dedicated staff.

STAFF PAYS TRIBUTE

Mr. Speaker, this great body has known giants. The halls of this chamber have resounded to the words of great men and women.

Mr. Speaker, we have been most fortunate to serve one such exceptional gentleman of the House: the gentleman from Ohio, Dean of the Ohio Delegation, the Honorable Louis Stokes. We ride his shoulders and see his vision. Nothing has escaped his penetrating discovery in 30 years.

He put some of us in the field to walk amongst the people and respond to their problems. He gave some of us the task of finding legislative solutions. All of us, at one time or another, knew the anguish of a constituent in pain and all of us, fortunately, on numerous occasions, celebrated the victories of their success. The word ''failure'' is not in Lou Stokes' vocabulary; the act of failing is unfathomable. No challenge has been too big. No person is too small.

Lou Stokes has been a stalwart defender of the Constitution and has spent his adult life fighting for the right of all people to live in dignity and in peace.

He has gone from dawn to dawn, all in a day's work. His staff are in amazement as his energy continues.

We have learned much from this man of humble beginnings. One can never give too much of one's time, compassion or energy to help one's fellow man. In fact, we must always go the ''extra mile'' and make sure we have done all that could be done to help someone in need.

Lou Stokes emanates pride in his roots and respect for all people. He fights for his principles and has taught us to be unwavering advocates.

The system may frustrate him, but never thwart him. For Lou Stokes knows how to make change happen from within. He is tough, with a gentle heart. A task master who expects nothing more from others than he would give of himself, Lou Stokes reaches high, very high. In so doing, he makes all of us taller.

We have served Lou Stokes from varying lengths of time. We are the Stokes Team, a family. Mr. Speaker, ladies and gentlemen of the House, you are paying tribute to one of your favorite sons. As he has left an indelible mark on this institution, so has he left something with all of his staff. He has left us a challenge: always take the time to care, to take responsibility, to be involved, to reach back and reach out. Make today count so that tomorrow will be a better day for someone.

Mr. Speaker, we have been privileged to share this gentleman's vision. Thank you for this opportunity to pay tribute to a very special boss.

The Stokes legacy will continue as long as good prevails.

HONORING ALEXANDER DUBCEK

HON. JOHN L. MICA

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Mr. MICA. Mr. Speaker, during the six months March–August 1968 the world witnessed a revolutionary drama which began in Bratislava, now the capital of Slovakia, and ended in Prague. The world's audience was fascinated especially by the leading player, a Slovak, Alexander Dubcek. Within that short time, Dubcek became a well-known symbol for his reform efforts in the totalitarian centralist Czechoslovakia in which Slovakia was treated as no more than a region. Dubcek's reforms became known as the ''Prague Spring'' although they would equally deserve the title ''Dubcek Spring''. His reforms involved the free speech, economic experimentation, open borders and open debate over the country's political future. Dubcek was faced by Stalinist with the same courage, as he had faced the Nazi fascists in the Slovak National Uprising in 1944 in which Alexander was wounded and his brother Julius was killed. It was not just by chance that the Spring 1968 started in Slovakia. In the first and last post World War II democratic elections in Czechoslovakia in 1946, the clear winner in Slovakia had been the Democratic Party, while in the larger Czech part of the country it had been the Communist Party that finally grabbed the overall power.

However, during the night of August 20–21, 1968 Dubcek's revolution was crushed by more than 600,000 troops with 7,000 tanks from the Warsaw Pact countries—Soviet Union, Bulgaria, East Germany, Hungary and Poland. For more than twenty years Dubcek remained under constant state security scrutiny. In spite of his ordeal, he always believed that people were essentially good and he never gave up hope. With the start of the Velvet Revolution in 1989, Dubcek reemerged at the Slovak National Uprising Square in Bratislava and Wenceslas Square in Prague, convincing thousands of demonstrators that their Revolution would succeed.

Few people know that Dubcek's parents came to settle in the United States. They lived in Chicago for more than five years in the second decade of this century but returned to Slovakia shortly before Alexander's birth on November 27, 1921. Alexander literally had his very beginning in the U.S. It is also rather symbolic that the American University in Washington, DC, was among the first in the world to award Dubcek with an honorary Doctorate in April 1990, in the Spring immediately following the Velvet Revolution.

The moral and ideological impact of the ''Dubcek Spring'' spilled beyond the borders of his country, infiltrating the whole of the former Soviet Bloc. His message was that even the harshest dictatorship cannot prevent men of courage and honesty to reach far ahead of their time and keep their true conviction despite years of oppression. The Dubcek Spring started a process crowned by the fall of the Berlin Wall and the new democratic perspective for Central and Eastern Europe.

Alexander Dubcek and Vaclav Havel became known as the two symbols of the Velvet Revolution with great international prestige, opening the doors to the world for their respective Republics. By a fatal irony, on September 1, 1992, the day when the new Constitution of the Slovak Republic was adopted, Dubcek was gravely injured in a car accident and he died just a month before the independent Slovakia was born. Unfortunately, he died when he was the most needed by his mother country.

This year the 30th anniversary of the ''Dubcek Spring'' is commemorated in many countries of the world. The American University, jointly with the Embassy of the Slovak Republic, organized a series of events in which the guest of honor was Dr. Paul Dubcek, Alexander's son. I had the honor and pleasure of accompanying him through the U.S. Capitol and introducing him to such distinguished Congress Members as the Chairman of the Senate Foreign Relations Committee, Senator JESSE HELMS, and the Chairman of the House International Relations Committee, Congressman BENJAMIN GILMAN. I had the opportunity to witness that the name of Dubcek still echoed in the ears of America's leaders.

It is my honor to recognize Alexander Dubcek and also symbolically pay tribute to hundreds of thousands of Slovak Americans who not only provided a key contribution to the American industrial revolution—working hard in coal mines, factories and steel mills of America's past. But also to the Slovak Americans who now lead American business, industry and science.

Alexander Dubcek, the man symbolizing what a giant contribution of a small country at the heart of Europe can provide to the rest of the world, definitely has his place among the great historic leaders of world democracy.

OPTIONS FOR A MEDICARE PRESCRIPTION DRUG BENEFIT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Mr. STARK. Mr. Speaker, today, I introduced legislation that would provide a prescription drug benefit for Medicare beneficiaries. The bill, if enacted, would close the most glaring deficiency in the Medicare program. With pharmaceuticals becoming an

ever-more important element in the treatment of diseases, it is essential that we modernize the Medicare program by including a drug benefit.

I think there is almost universal agreement that Medicare should cover the cost of prescriptions. The issue is the cost and how to pay for it.

I've introduced this bill in the closing hours of the 105th Congress, so that interested parties could think about the issue over the adjournment period. I hope that the various stakeholders will comment over the winter, so that a new and refined bill can be reintroduced at the start of the 106th and have a wide range of support.

I have left blank in the bill the question of (1) size of the deductible, and (2) whether there should be caps on total out-of-pocket expense. Where these two numbers are set will determine what the program will cost and thus what the increase in Part B premiums will be. As we fill in these numbers, seniors and taxpayers will decide whether the admitted cost of the program is worth its value.

There is no free lunch. If the deductible is set high, the cost will be low, but it will help many fewer people. If it is a low deductible, it will be widely used, and the program's cost will be high. Do we want a low-deductible benefit, or do we want a catastrophic coverage benefit that protects people against the several thousand dollar-plus diseases? This is the heart of the debate, and I hope to hear from the public and the industries involved on this key question.

Following is some data that will give readers a feel for the cost of different levels of benefit and the trade-offs involved.

TABLE 1.—PRESCRIPTION DRUG BENEFIT COSTS FOR SMI ENROLLEES

[In billions of dollars]

Fiscal Years	2000	2001	2002	2003	2004	2005	2006	2007	2008
Rx Deductible = $1,000:									
Medicare Gross Outlays	11.1	18.3	20.8	23.8	26.8	30.2	34.1	38.4	43.3
SMI Premiums	−2.9	−4.2	−4.8	−5.4	−6.2	−7.0	−7.9	−8.9	−10.0
Net Medicare Outlays	8.2	14.1	16.1	18.2	20.8	23.3	26.2	29.6	33.3
Medicaid Outlays	0.8	1.2	1.2	1.2	1.3	1.3	1.4	1.4	1.6
Net Effect on Federal Spending	9.1	16.3	17.2	19.4	21.9	24.6	27.8	31.0	34.8
Addendum:									
Increase in Monthly SMI Premium	8.90	10.00	11.20	12.60	14.10	15.70	17.50	19.30	21.40
Rx Deductible = $2,000:									
Medicare Gross Outlays	5.7	9.7	11.6	13.6	15.8	18.6	21.5	25.0	28.9
8MI Premiums	−1.4	−2.1	−2.6	−3.0	−3.5	−4.1	−4.9	−6.6	−6.6
Net Medicare Outlays	4.3	7.8	8.9	10.5	12.3	14.4	16.7	19.3	22.3
Medicaid Outlays	1.2	1.6	1.7	1.7	1.8	1.8	1.9	2.0	2.1
Net Effect on Federal Spending	5.5	9.2	10.6	12.2	14.1	16.2	18.6	21.3	24.4
Addendum:									
Increase in Monthly SMI Premium	4.60	5.40	6.30	7.30	8.40	9.70	11.20	12.70	14.40

NOTES: All options would add prescription drug coverage to the SMI benefit package as of January 1, 2000. The Rx benefit would have a separate deductible and a 20% coinsurance requirement.
Estimates have not been reviewed and are preliminary.
No account has been taken of administrative costs or price discounts that would affect costs.
It was assumed that Medicaid would cover cost-sharing expenses under the Rx benefit for Medicaid-eligible beneficiaries.

TABLE 2.–FEDERAL COST OF MEDICARE DRUG COVERAGE UNDER ALTERNATIVE COST SHARING REQUIREMENTS WITH MEDICAID OFFSETS

[In billions of dollars] [1,2]

	Prescription Drug Benefit Cost Sharing								
	$250 Deductible, 20 Percent Copay, No Benefit Cap			$250 Deductible, 20 Percent Copay, $1,500 Benefit Cap			$500 Deductible, 20 Percent Copay, $1,500 Benefit Cap		
	Medicare Cost	Federal Medicaid Savings	Net Federal Cost	Medicare Cost	Federal Medicaid Savings	Net Federal Cost	Medicare Cost	Fedeal Medicaid Savings	Net Federal Cost
1999	19.0	2.0	17.0	14.5	1.5	13.0	11.4	1.3	10.1
2000	20.6	2.2	18.4	16.7	1.6	14.1	12.4	1.4	11.0
2001	22.3	2.4	19.9	17.1	1.8	16.3	13.4	1.5	11.9
2002	24.1	2.6	21.5	18.4	1.9	16.5	14.5	1.6	12.9
2003	26.1	2.8	23.3	20.0	2.1	17.9	15.8	1.7	14.1
2004	28.3	3.0	25.3	21.7	2.3	19.4	17.1	1.9	15.2
2005	30.7	3.3	27.4	23.5	2.5	21.0	18.6	2.0	16.6
2006	33.3	3.6	29.7	25.5	2.7	22.8	20.2	2.2	18.0
2007	36.4	3.9	32.5	27.8	2.9	24.9	21.9	2.4	19.5
2008	39.6	4.2	35.4	30.2	3.1	27.1	23.9	2.6	21.3
Total, 1999–2003	112.1	11.9	100.2	85.7	8.9	76.3	67.5	7.5	60.0
Total, 1999–2006	280.4	29.8	250.6	214.4	22.3	192.1	169.2	16.6	160.6

[1] Drug benefit costs valued at average acqusition cost.
[2] Assumes that the deductible and benefit cap are indexed at the same rates as the Medicare Part A hospital deductible over time.
Source: Lewis Group estimates using the Medicare Benefits Simuilation Model (MBSM).

TABLE 3.—FEDERAL COST OF AN ILLUSTRATIVE MEDICARE BENEFITS PACKAGE THAT INCLUDES PRESCRIPTION DRUG AND STOP-LOSS COVERAGE

[In billions of dollars]

	Prescription Drug Benefit: $500 Deductible, 20 Percent Copay, $1,500 Benefit Cap			Stop-Loss Benefit: $5,000 Out-of-Pocket Stop-Loss Cap			Total Cost of Illustrative Benefits Package		
	Medicare Cost	Federal Medicaid Savings	Net Federal Cost	Medicare Cost	Federal Medicaid Savings	Net Federal Cost	Medicare Cost	Federal Medicaid Savings	Net Federal Cost
1999	11.4	1.3	10.1	5.2	0.7	4.5	16.6	2.0	14.6
2000	12.4	1.4	11.0	5.6	0.8	4.8	18.0	2.2	15.8
2001	13.4	1.5	11.9	6.1	0.9	5.2	19.5	2.4	17.1
2002	14.5	1.6	12.9	6.9	0.9	6.0	21.4	2.5	18.9
2003	15.8	1.7	14.1	7.3	1.0	6.3	23.1	2.7	20.4
2004	17.1	1.9	15.2	7.9	1.1	6.8	25.0	3.0	22.0

TABLE 3.—FEDERAL COST OF AN ILLUSTRATIVE MEDICARE BENEFITS PACKAGE THAT INCLUDES PRESCRIPTION DRUG AND STOP-LOSS COVERAGE—Continued

[In billions of dollars]

	Prescription Drug Benefit: $500 Deductible, 20 Percent Copay, $1,500 Benefit Cap			Stop-Loss Benefit: $5,000 Out-of-Pocket Stop-Loss Cap			Total Cost of Illustrative Benefits Package		
	Medicare Cost	Federal Medicaid Savings	Net Federal Cost	Medicare Cost	Federal Medicaid Savings	Net Federal Cost	Medicare Cost	Federal Medicaid Savings	Net Federal Cost
2005	18.6	2.0	16.6	8.7	1.2	7.5	27.3	3.2	24.1
2006	20.2	2.2	18.0	9.4	1.3	8.1	29.6	3.5	26.1
2007	21.9	2.4	19.5	9.9	1.5	8.4	31.8	3.9	27.9
2008	23.9	2.6	21.3	10.5	1.6	8.9	34.4	4.2	30.2
Total, 1999–2003	67.5	7.5	60.0	31.1	4.3	26.8	98.6	11.8	86.8
total, 1999–2008	169.2	18.6	150.6	77.5	11.0	66.5	246.7	29.6	217.1

Source: Lewin Group estimates using the Medicare Benefits Simulation Model (MBSM).

TRIBAL SELF-GOVERNANCE AMENDMENTS OF 1998

SPEECH OF

HON. GEORGE MILLER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, October 5, 1998

Mr. MILLER of California. Mr. Speaker, I am proud to have sponsored this bill, the Tribal Self-Governance Amendments of 1998, which I believe will mark yet another milestone in the history of Indian self-determination. This major legislation is the product of more than two years of hard work and consultation with Indian tribes and the Administration. We have worked diligently with the tribes and the Department of Health and Human Services to make this bill as fair as possible. I would like to extend my appreciation to the tribal leaders, their representatives, and the Departmental staff who have made passage of this bill possible.

It is important to note that subsequent to the full committee mark up that occurred this spring, the tribes and the Department were able to work out additional differences. Thus there are several changes that I want to highlight. We were able to come to agreement on issues regarding reassumption, regulation waiver, trial de novo, rejection of final offer, and the creation of a new title VI to carry out the non-IHS demonstration project study.

Let me briefly explain what this bill does. H.R. 1833, the Tribal Self-Governance Amendments Act of 1998, would create two new titles in the 1975 Indian Self-Determination and Education Assistance Act. The 1975 Act allows Indian tribes to contract for or take over the administration and operation of certain federal programs which provide services to Indian tribes. Subsequent amendments to the 1975 Act created Title III of the Act which provided for a Self-Governance Demonstration Project that allows for large-scale tribal Self-Governance compacts and funding agreements on a ''demonstration'' basis.

The new title V created by H.R. 1833 would make this contracting by tribes permanent for programs contracted for within the Indian Health Service (IHS). Thus, Indian and Alaska Native tribes would be able to contract for the operation, control, and redesign of various IHS activities on a permanent basis. In short, what was a demonstration project would become a permanent IHS Self-Governance program. Pursuant to H.R. 1833, tribes which have already contracted for IHS activities would continue under the provisions of their contracts while an additional 50 new tribes would be selected each year to enter into contracts.

The 1998 amendments require that Indian tribes must meet certain criteria—they have to have experience in government contracting, have clean audits, and demonstrate management capability—in order to exercise the right to take over the operation of IHS functions, including the funds necessary to run them.

H.R. 1833 also adds a new title VI which authorizes a feasibility study regarding the execution of tribal Self-Governance compacts and funding agreements of Indian-related programs outside the IHS but within the Department of Health and Human Services on a demonstration project basis.

Although this issue was not addressed in this legislation, I want to express my continued concern about the poor labor relations at various Indian Health Service facilities throughout the West, but particularly the IHS facilities at Sacaton, Arizona and Owyhee, Nevada. Contrary to both the law and agency decisions, the IHS has refused to complete its obligation to meet and negotiate with the Laborers' International Union which represents workers at these facilities. I also understand that the IHS continues to commit unfair labor practices. I want to send a strong message to the IHS that I will continue to monitor labor relations at IHS facilities and that continued indifference to the law and agency decisions will not be ignored by Congress. I understand that the Administration is aware of my concerns and has agreed to correct these issues in the very near future.

I firmly believe that this bill advances the principle focus of the Self-Governance program—to remove needless and sometimes harmful layers of federal bureaucracy that dictate Indian affairs. By giving tribes direct control over federal programs run for their benefit and making them directly accountable to their members, we are enabling Indian tribes to run programs more efficiently and more innovatively than federal officials have in the past. And, allowing tribes to run these programs furthers the Congressional policy of strengthening and promoting tribal governments.

The Self-Governance program recognizes that Indian tribes care for the health, safety, and welfare of their own members as well as that of non-Indians who either live on their reservations or conduct business with the tribes and are thus committed to safe and fair working conditions and practices.

A comprehensive description of the substitute follows. I strongly urge my colleagues to pass this legislation.

SECTION-BY-SECTION DESCRIPTION OF SUBSTITUTE

SECTION 1. SHORT TITLE.

This provision sets forth the short title, ''The Tribal Self-Governance Act Amendments of 1998.''

SECTION 2. FINDINGS

This provision sets forth the findings of Congress which reaffirm the inherent sovereignty of Indian tribes and the unique government-to-government relationship between the United States and Indian tribes. The findings make clear that while progress has been made, the federal bureaucracy has eroded tribal self-governance. The findings state that the Federal Government has failed to fully meet its trust responsibility and to satisfy its obligations under treaties and other laws. The findings explain that Congress has reviewed the tribal self-governance demonstration project and concluded that self-governance is an effective mechanism to implement and strengthen the federal policy of government-to-government relations with Indian tribes by transferring Indian tribes full control and funding for federal programs, functions, services, or activities, or portions thereof.

SECTION 3. DECLARATION OF POLICY

This section provides that it is Congress' policy to permanently establish and implement tribal self-governance within the Department of Health and Human Services with the full cooperation of its agencies. Among the key policy objectives Congress seeks to achieve through the self-governance program are to (1) maintain and continue the United States' unique relationship with Indian tribes; (2) allow Indian tribes the flexibility to choose whether they wish to participate in self-governance; (3) ensure the continuation and fulfillment of the United States' trust responsibility and other responsibilities towards Indian Tribes that are contained in treaties and other laws; (4) permit a transition to tribal control and authority over programs, functions, services, or activities (or portions thereof); and (5) provide a corresponding parallel reduction in the Federal bureaucracy.

SECTION 4. TRIBAL SELF GOVERNANCE

This section sets out the substantive provisions of the Self-Governance program within the Indian Health Service and authorizes a feasibility study of the applicability of Self-Governance to other Departmental agencies by adding Titles V and VI to the Indian Self-Determination and Education Assistance Act.

SECTION 501. ESTABLISHMENT

This provision directs the Secretary of HHS to establish a permanent Tribal Self-Governance Program in the Indian Health Service.

SECTION 502. DEFINITIONS

Subsection (a)(1) defines the term ''construction project''. The Committee does not